

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | 11JM     | 869    | C1-23-C1 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

|                        |            |         |              |
|------------------------|------------|---------|--------------|
| ✓ .....                | Rejected   | N ..... | Non-elected  |
| = .....                | Allowed    | I ..... | Interference |
| — (Through numeral)... | Canceled   | A ..... | Appeal       |
| ÷ .....                | Restricted | O ..... | Objected     |

| Claim | Final | Original | Date        |
|-------|-------|----------|-------------|
| 1     | 11    | 5        | 9 2 3       |
| 2     | 13    | 15       | 20 24 13 29 |
| 3     | 12    | 12       | 02 02 03 03 |
| 4     |       |          |             |
| 5     |       |          |             |
| 6     |       |          |             |
| 7     |       |          |             |
| 8     |       |          |             |
| 9     |       |          |             |
| 10    |       |          |             |
| 11    |       |          |             |
| 12    |       |          |             |
| 13    |       |          |             |
| 14    |       |          |             |
| 15    |       |          |             |
| 16    |       |          |             |
| 17    |       |          |             |
| 18    |       |          |             |
| 19    |       |          |             |
| 20    |       |          |             |
| 21    |       |          |             |
| 22    |       |          |             |
| 23    |       |          |             |
| 24    |       |          |             |
| 25    |       |          |             |
| 26    |       |          |             |
| 27    |       |          |             |
| 28    |       |          |             |
| 29    |       |          |             |
| 30    |       |          |             |
| 31    |       |          |             |
| 32    |       |          |             |
| 33    |       |          |             |
| 34    |       |          |             |
| 35    |       |          |             |
| 36    |       |          |             |
| 37    |       |          |             |
| 38    |       |          |             |
| 39    |       |          |             |
| 40    |       |          |             |
| 41    |       |          |             |
| 42    |       |          |             |
| 43    |       |          |             |
| 44    |       |          |             |
| 45    |       |          |             |
| 46    |       |          |             |
| 47    |       |          |             |
| 48    |       |          |             |
| 49    |       |          |             |
| 50    |       |          |             |

| Claim | Date     |    |    |    |    |    |    |
|-------|----------|----|----|----|----|----|----|
| Final | Original | 3  | 11 | 5  | 9  | 2  | 3  |
|       |          | 13 | 20 | 24 | 13 | 29 |    |
|       |          | 01 | 01 | 02 | 02 | 03 | 03 |
| 51    | Y        | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 52    | Y        | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 53    |          | N  |    |    |    |    |    |
| 54    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 55    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 56    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 57    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 58    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 59    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 60    |          | N  |    |    |    |    |    |
| 61    |          | N  |    |    |    |    |    |
| 62    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 63    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 64    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 65    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 66    |          | ✓  | ✓  |    |    |    |    |
| 67    |          | ✓  | ✓  |    |    |    |    |
| 68    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 69    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 70    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 71    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 72    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 73    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 74    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 75    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 76    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 77    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 78    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 79    |          | ✓  | ✓  | ✓  | ✓  | ✓  |    |
| 80    |          |    |    |    |    |    |    |
| 81    |          |    |    |    |    |    |    |
| 82    |          |    |    |    |    |    |    |
| 83    |          |    |    |    |    |    |    |
| 84    |          |    |    |    |    |    |    |
| 85    |          |    |    |    |    |    |    |
| 86    |          |    |    |    |    |    |    |
| 87    |          |    |    |    |    |    |    |
| 88    |          |    |    |    |    |    |    |
| 89    |          |    |    |    |    |    |    |
| 90    |          |    |    |    |    |    |    |
| 91    |          |    |    |    |    |    |    |
| 92    |          |    |    |    |    |    |    |
| 93    |          |    |    |    |    |    |    |
| 94    |          |    |    |    |    |    |    |
| 95    |          |    |    |    |    |    |    |
| 96    |          |    |    |    |    |    |    |
| 97    |          |    |    |    |    |    |    |
| 98    |          |    |    |    |    |    |    |
| 99    |          |    |    |    |    |    |    |
| 100   |          |    |    |    |    |    |    |

| Claim             | Date |  |  |  |  |  |
|-------------------|------|--|--|--|--|--|
| Final<br>Original |      |  |  |  |  |  |
| 101               |      |  |  |  |  |  |
| 102               |      |  |  |  |  |  |
| 103               |      |  |  |  |  |  |
| 104               |      |  |  |  |  |  |
| 105               |      |  |  |  |  |  |
| 106               |      |  |  |  |  |  |
| 107               |      |  |  |  |  |  |
| 108               |      |  |  |  |  |  |
| 109               |      |  |  |  |  |  |
| 110               |      |  |  |  |  |  |
| 111               |      |  |  |  |  |  |
| 112               |      |  |  |  |  |  |
| 113               |      |  |  |  |  |  |
| 114               |      |  |  |  |  |  |
| 115               |      |  |  |  |  |  |
| 116               |      |  |  |  |  |  |
| 117               |      |  |  |  |  |  |
| 118               |      |  |  |  |  |  |
| 119               |      |  |  |  |  |  |
| 120               |      |  |  |  |  |  |
| 121               |      |  |  |  |  |  |
| 122               |      |  |  |  |  |  |
| 123               |      |  |  |  |  |  |
| 124               |      |  |  |  |  |  |
| 125               |      |  |  |  |  |  |
| 126               |      |  |  |  |  |  |
| 127               |      |  |  |  |  |  |
| 128               |      |  |  |  |  |  |
| 129               |      |  |  |  |  |  |
| 130               |      |  |  |  |  |  |
| 131               |      |  |  |  |  |  |
| 132               |      |  |  |  |  |  |
| 133               |      |  |  |  |  |  |
| 134               |      |  |  |  |  |  |
| 135               |      |  |  |  |  |  |
| 136               |      |  |  |  |  |  |
| 137               |      |  |  |  |  |  |
| 138               |      |  |  |  |  |  |
| 139               |      |  |  |  |  |  |
| 140               |      |  |  |  |  |  |
| 141               |      |  |  |  |  |  |
| 142               |      |  |  |  |  |  |
| 143               |      |  |  |  |  |  |
| 144               |      |  |  |  |  |  |
| 145               |      |  |  |  |  |  |
| 146               |      |  |  |  |  |  |
| 147               |      |  |  |  |  |  |
| 148               |      |  |  |  |  |  |
| 149               |      |  |  |  |  |  |
| 150               |      |  |  |  |  |  |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)